

CALIFORNIA STATE **BOARD OF OPTOMETRY**



Prepared by the
California State Board of Optometry

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OVERVIEW AND PURPOSE OF THE CALIFORNIA LAWS AND REGULATIONS EXAMINATION

To obtain a license to practice optometry in the State of California, an applicant is required to successfully pass the examinations developed by the National Board of Examiners in Optometry (NBEO) and the California Laws and Regulations Examination. The primary purpose of these examinations is to help ensure public health and safety by assessing the candidate's ability to safely practice optometry at a minimum entry level within California's laws and regulations.

The NBEO examinations test the candidate's optometric education and training. The California Laws and Regulation's supplemental examination identifies candidates who are qualified to safely practice optometry in the State of California.

The California Laws and Regulations Examination is based upon a test plan developed by California licensed optometrists. The plan identifies aspects of practice related to the tasks that an optometrist must be able to perform upon licensure. The exam consists of 50 multiple-choice items from major job duty areas. The candidate is given 45 minutes to complete the exam.

The exam covers eight (8) major duty areas that define the scope of knowledge necessary for safe and effective practice. Each duty area is weighted on the examination in terms of importance in practice. The duty areas and the percentage contained in the test are given below:

1. Patient Examination (27%)
2. Diagnosis and Treatment Plans (13%)
3. Spectacles and Protective Eyewear (11%)
4. Contact Lenses (19%)
5. Binocular Therapy and/or Vision Training (3%)
6. Treating Eye Disorders/Referring for Treatment (19%)
7. Patient Emergencies (4%)
8. Co-managing Patients (4%)

DESCRIPTION OF OPTOMETRIC PRACTICE

The practice of optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and is the doing of any or all of the acts described in California Business and Professions Code section 3041.

EXAMINATION DEVELOPMENT

The California State Board of Optometry enlists the expertise of subject matter experts (state licensed optometrists) and the Office of Examination Resources (OER) of the Department of Consumer Affairs to develop and maintain the California laws and Regulations examination. Individual test items are written, developed, reviewed, and approved by the subject matter experts in a series of workshops held in Sacramento under the guidance of OER Test Validation and Development Specialists.

ADMINISTRATION AND REGISTRATION

The California Laws and Regulations examination is administered by the NBEO in conjunction with the NBEO part III Patient Care examination.

All applicants who wish to sit for the California Laws and Regulations examination must apply on-line with the NBEO. Information about applying on-line, dates of examination administration, the examination fee, and other useful exam information, such as phone and fax numbers, can be found on the NBEO website at www.optometry.org.

Additionally, each school or college of optometry has a designated individual, usually in the Office of Student Affairs, who acts as a liaison to the NBEO. This individual can be consulted on any matter pertaining to the examinations.

SPECIAL EXAM ACCOMMODATIONS

All examination locations are accessible to persons with disabilities. In addition, the NBEO grants requests for special accommodations in accordance with the Americans with Disabilities Act of 1990. To receive consideration, a request must specify the accommodation desired and must be accompanied by a letter from an appropriately licensed professional who informs the disability and supports the usefulness of the accommodation.

The NBEO recognizes its responsibilities according to the Americans with Disabilities Act (ADA). Reasonable accommodations can be made for candidates with disabilities, in accordance with the following guidelines:

- The candidate applying for special arrangements must apply in writing, using the NBEO Request for Test Accommodation form. This form is available on the NBEO web-site by clicking on the available link (ADA application form), or you may request the form from the NBEO by calling them at (704) 332-9565. The form must be completed, signed and returned, together with the required documentation, by mail, (or fax at 704-332-9568) to the National Board. Only completed applications will be reviewed.
- The ADA Request for Test Accommodation form must be accompanied by current, written documentation from an appropriate health care professional supporting the accommodations requested. This documentation must contain certain items that are listed in the Documentation Guidelines, which are available on the NBEO web-site and from the National Board.

- The National Board must receive the form and documentation at least **one week before** the application deadline for that test administration.
- The National Board will review and evaluate each request on its own merits. The National Board reserves the right to obtain a second professional opinion, at its own expense.
- When the National Board determines that an accommodation is appropriate, the candidate will receive a Test Accommodation Agreement signed by a representative of the National Board. The candidate must sign and return the agreement indicating his/her acceptance of the accommodation, by mail or fax (704-332-9568), within one week of receipt.

Candidates who have other reasons for special accommodations may request consideration in writing from the National Board at least six weeks before the test administration. The letter should be specific as to reasons and type of accommodation(s) requested.

Note:

These guidelines apply to candidates requesting special accommodations for the first time and also for candidates who have previously received special accommodations, as some conditions become less disabling over time. There is no guarantee that candidates who receive special accommodations in previous examinations will need or receive the same degree of accommodation or any accommodation on future examinations.

CONDUCT DURING THE EXAMINATION

During the exam, it is not permitted to communicate with other examinees, copy answers from another examinee, permit your answers to be copied by another examinee, possess any material other than that authorized during the test, taking the exam for someone else, or having someone take the exam for you.

Section 123 of the California Business and Professions Code states that “It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination....”

The California State Board of Optometry may deny, suspend, revoke, or otherwise restrict a license on the ground that an applicant or licensee has violated Section 123 pertaining to subversion of licensing examinations.

Before the examination begins, you will be read Section 123 and will be asked to sign your name indicating that you acknowledge and will comply with this section.

EXAMINATION SCORES

Before taking the exam, candidates are given a 4"x 4" card that contains the candidate's test identification number. When instructed, candidates will enter this number into their test booklets. Candidates must keep the card for future reference. When the examination process has been completed, the test answers are sent to the California State Board of Optometry for scoring. When the scoring has been completed, the official results will be posted on the Board of Optometry website at www.optometry.ca.gov. Click on "Law Exam Scores." The results of the exam are listed by ID number as PASS or FAIL. No scores are posted.

OBTAINING A COPY OF THE LAWS AND REGULATIONS

The Board of Optometry has published a law book entitled, "California Laws and Regulations Related to the Practice of Optometry (2006 Edition)" that is available for purchase or to view on-line.

The 2006 law book can be purchased from LexisNexis®. The book with CD-ROM costs \$14.00 plus \$3.55 shipping and handling. Applicable sales tax for your area will also be added (call the toll-free number below for the exact amount). Major credit cards are accepted.

You may use any of the following methods to order your law book with CD-ROM. Be sure to ask for "California Optometry."

- Place your order online at: <http://www.LexisNexis.com/bookstore>
Call toll-free: (800) 562-1197
Fax orders toll-free: (800) 828-8341
- Order by mail from: Order Fulfillment, LexisNexis, 1275 Broadway, Albany, NY 12214-4070. When ordering by mail, send a check or money order payable to "LexisNexis Matthew Bender" and include a street address and the recipient's name. All orders are shipped by carrier and cannot be delivered to a post office box.
- You may also wish to download the laws and regulations from your computer by going to the Board's web-site at www.optometry.ca.gov; click on the link title "Laws and Regulations," and then click on the title "2006 Lawbook."

APPLICATION FOR LICENSURE TO PRACTICE OPTOMETRY

The following information is provided for those persons interested in obtaining a license to practice optometry in California. Interested parties can also access this information by visiting the Board's web-site at www.optometry.ca.gov; click on the link titled Licensing Information.

All requirements for licensure must be met before a license will be issued to practice optometry in the state of California. Following are the licensure requirements:

- Must be over the age of 18 years.
- Must submit an application accompanied by the required fee of \$275.00.
- Must have graduated from an accredited school of optometry.
- Must submit to a criminal background check by the California Department of Justice.
- If licensed in another state, must provide proof of licensure.
- Must pass the following required examinations:
 - ◆ National Board of Examiners in Optometry Examination parts I, II, & III
 - ◆ California Laws and Regulations Examination

Applicants will receive a written response from the Board on the status of the application within 45 days from the date the application is received.

International Graduates:

The National Board of Examiners in Optometry (NBEO) requires applicants who graduated from outside the United States to obtain permission from a state licensing board to sit for the NBEO exams. The California Board of Optometry shall permit international graduates to take the examination provided they meet all of the following requirements:

- ◆ Must be over the age of 18
- ◆ Must submit a written request to the Board
- ◆ Must have been granted a degree in doctor of optometry

ABANDONMENT OF APPLICATION

In accordance with Business and Professions Code section 142(b), the Board considers an application abandoned if a candidate has not completed the requirements for licensure within one year after receiving notification of an incomplete application.

In the event an application is abandoned, a candidate must submit a new application along with the required fee and must meet all state requirements. Application fees are not reimbursed when an application is abandoned.

EXAMINATION PLAN

The examination plan identifies the knowledge associated with a job task and the knowledge required to demonstrate acceptable competence in each of the major content areas. Content areas specify practical knowledge referenced in the California Optometry Act and provisions of Title 16 of the California Code of Regulations.

When using the study guide, the following definitions should be used in the review of each content area:

JOB TASKS refers to the actual tasks that new licensees must be able to perform safely and competently. These tasks are essentially job activities that optometrists perform on the job.

KNOWLEDGE OR ABILITY statements refer to the knowledge or ability new licensees would need to know to perform the *JOB TASKS*. For licensing examination programs, the knowledge incorporates government laws/regulations, standard codes, theories, procedures, techniques, effects of knowledge on practice, etc., to perform job tasks that are regulated.

STUDY GUIDE CONTENT AREAS CONTAINED IN THE EXAMINATION:

1. Patient Examination	page	8 - 9
2. Diagnosis and Treatment Plans	page	10 - 11
3. Spectacles and Protective Eyewear	page	12 - 13
4. Contact Lenses	page	14 - 15
5. Binocular Therapy and/or Vision Training	page	16
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CALIFORNIA STATE BOARD OF OPTOMETRY

CALIFORNIA LAWS AND REGULATIONS EXAMINATION

STUDY GUIDE

DECEMBER 2007

**PREPARED BY THE
CALIFORNIA STATE BOARD OF OPTOMETRY**

1. PATIENT EXAMINATION (27%) Definition: Assesses the candidate's ability to assess a patient's vision, ocular health, general health and needs for care.	
JOB TASKS	KNOWLEDGE OR ABILITY
❖ Take and interpret a patient's history, e.g., demographics, visual and medical history, personal and family history, and presenting complaint(s).	<ul style="list-style-type: none"> • Ability to communicate with a patient or a patient's caregiver so as to elicit a clearly stated presenting complaint, a useful account of symptoms, and adequately detailed ocular and medical histories. • Ability to interpret a presenting problem in the light of the patient's ocular and medical histories, e.g., to decide whether the current problem is new or an expected continuation of problems past.
❖ Determine a patient's visual acuities.	<ul style="list-style-type: none"> • Ability to determine the visual acuity of pediatric, illiterate, uncooperative, malingering, or low-vision patients as well as of normal adult patients. • Knowledge of pinhole acuity testing and of the significance of the results
❖ Perform retinoscopy and subjective refraction with appropriate instruments to assess each eye's refractive status at distance and near and to determine an appropriate prescription.	<ul style="list-style-type: none"> • Ability to determine the visual acuity of pediatric, illiterate, uncooperative, malingering, or low-vision patients as well as of normal adult patients. • Ability to use a retinoscope, e.g., to detect anomalies in the ocular media, scissors motion, MEM, and Mohindra, or to calculate a short working distance for a pediatric patient.
❖ Determine a patient's intraocular pressures.	<ul style="list-style-type: none"> • Knowledge of topical anesthetics or dye/anesthetic mixtures useful in preparing a patient's eyes for Goldmann tonometry. • Knowledge of the possible adverse effects of instilling a dye, an anesthetic, or a dye/anesthetic mixture into a patient's eyes and of appropriate remedies. • Knowledge of Goldmann tonometry and of other tonometric methods

JOB TASKS	KNOWLEDGE OR ABILITY
❖ Perform slit lamp biomicroscopy to assess the health of ocular adnexa, each anterior segment, and each vitreous.	<ul style="list-style-type: none"> • Knowledge of common anomalies of the anterior segment, i.e., of their identifying characteristics and implications for vision and health. • Ability to perform slit-lamp biomicroscopy to detect anomalies of the anterior segment and vitreous. • Knowledge of common anomalies of the posterior segment, the clinical signs that identify them, and their implications for vision and health—e.g., knowledge of how glaucoma changes the appearance of the optic nerve, of how to determine the cup/disc ratio, and of how to interpret the examination findings. • Ability to recognize eye anomalies, e.g., iris melanoma, that are potentially dangerous to the patient's eyesight, health, or life. • Knowledge of adverse effects secondary to contact lens wear.
❖ Use diagnostic pharmaceutical agents (DPAs) to facilitate refractive and ocular health assessments.	<ul style="list-style-type: none"> • Ability to perform slit-lamp biomicroscopy to detect anomalies of the anterior segment and vitreous. • Knowledge of standard mydriatics and cycloplegics and their indications and contraindications, together with their possible adverse effects, and appropriate management of those effects.
❖ Perform direct and binocular indirect ophthalmoscopy as needed to fully assess the health of each posterior segment.	<ul style="list-style-type: none"> • Ability to perform slit-lamp biomicroscopy to detect anomalies of the anterior segment and vitreous. • Knowledge of standard mydriatics and cycloplegics and their indications and contraindications, together with their possible adverse effects, and appropriate management's of those effects. • Ability to perform direct and binocular indirect ophthalmoscopy to detect posterior-segment anomalies, using appropriate fundus lenses as needed.

END OF
PATIENT EXAMINATION
CONTENT AREA

2. DIAGNOSIS AND TREATMENT PLAN (13%)	Definition: Assesses the candidate's ability to achieve diagnosis and prepare alternative treatment plans.
JOB TASKS	KNOWLEDGE OR ABILITY
<ul style="list-style-type: none"> ❖ Perform necessary diagnostic procedures, choosing and ordering them so as to identify or rule out one or more differential diagnoses. 	<ul style="list-style-type: none"> • Knowledge of the common causes and sequelae of particular eye disorders; e.g., knowledge that the chief causes of amblyopia are anisometropia and strabismus; that the potential consequence of glaucoma is blindness. • Ability to perform appropriate diagnostic procedures and to choose treatments as the diagnostic findings indicate. • Knowledge of which common ocular pathologies can be identified by their clinical signs and which require laboratory services for their identification. • Knowledge of common drugs and medications and their potential for interactions and adverse reactions. • Ability to gather and evaluate all relevant information about a patient's disorder so as to achieve a definitive diagnosis.
<ul style="list-style-type: none"> ❖ Determine and provide an appropriate treatment plan, which may include, but is not limited to, spectacles or contact lenses, vision therapy, low-vision rehabilitation, medication, or observation, referral, and follow-up. 	<ul style="list-style-type: none"> • Ability to perform appropriate diagnostic procedures and to choose treatments as the diagnostic findings indicate. • Knowledge of chronic or recurrent systemic disorders that affect the eyes or vision, and of how to identify the disorders by their effects; e.g., knowledge that tuberculosis may produce phlyctenules. • Ability to gather and evaluate all relevant information about a patient's disorder so as to achieve a definitive diagnosis. • Knowledge of the treatments available for specific common eye diseases and of treatment regimens appropriate to particular eye diseases and patient profiles.

<p>❖ Prepare treatment plans that provide patient options and explain the risks, benefits, prognoses, and relative costs with each option.</p>	<ul style="list-style-type: none"> • Knowledge of the common causes and sequelae of particular eye disorders; e.g., knowledge that the chief causes of amblyopia are anisometropia and strabismus; that the potential consequence of glaucoma is blindness. • Knowledge of common drugs and medications and their potential for interactions and adverse reactions. • Ability to gather and evaluate all relevant information about a patient's disorder so as to achieve a definitive diagnosis. • Knowledge of the treatments available for specific common eye diseases and of treatment regimens appropriate to particular eye diseases and patient profiles. • Ability to communicate treatment options clearly and effectively to a patient or the patient's parents or caregivers.
<p>❖ When appropriate, explain to a patient all refractive treatment options, i.e., spectacles, conventional contact lenses, orthokeratology, refractive surgery, and vision therapy.</p>	<ul style="list-style-type: none"> • Ability to explain all refractive treatment options, including their risks and relative costs, the prognosis with each and the time required for each to succeed. • Ability to communicate treatment options clearly and effectively to a patient or the patient's parents or caregivers.

END OF
DIAGNOSIS AND TREATMENT PLAN
CONTENT AREA

3. SPECTACLES AND PROTECTIVE EYEWEAR (11%)	
Definition: Assesses the candidate's ability to analyze and prescribe eyewear according to the needs of the patient.	
JOB TASKS	KNOWLEDGE OR ABILITY
❖ Provide a patient with an appropriately written spectacle prescription.	<ul style="list-style-type: none"> • Knowledge of the availability, advantages, and disadvantages of particular lens types, designs, and materials for particular patients, e.g., severe myopes, severe hyperopes, heavy computer users, night drivers. • Knowledge of available frame materials, types, and styles, i.e., of the information about sport, safety, or other occupational frames that a patient needs to select a job- or lifestyle-appropriate frame. • Knowledge of what constitutes an acceptable prescription for common kinds of spectacles.
❖ Analyze and remedy a patient's problems with new spectacles.	<ul style="list-style-type: none"> • Knowledge of ANSI standards for ophthalmic goods. • Knowledge of available lens choices and their inherent advantages and disadvantages, e.g., glass vs. plastic lenses, photochromic lenses, high-index lenses, polarized lenses, polycarbonate lenses. • Knowledge of the availability, advantages, and disadvantages of particular lens types, designs, and materials for particular patients, e.g., severe myopes, severe hyperopes, heavy computer users, night drivers. • Knowledge of available frame materials, types, and styles, i.e., of the information about sport, safety, or other occupational frames that a patient needs to select a job- or lifestyle-appropriate frame. • Knowledge of what constitutes an acceptable prescription for common kinds of spectacles.
❖ Identify a patient, who should use protective eyewear, e.g., decide whether the ocular examination findings imply a need for U-V or glare filters.	<ul style="list-style-type: none"> • Knowledge of ANSI standards for ophthalmic goods. • Knowledge of available lens choices and their inherent advantages and disadvantages, e.g., glass vs. plastic lenses, photochromic lenses, high-index lenses, polarized lenses, polycarbonate lenses. • Knowledge of OSHA standards for safety eyewear. • Ability to identify safety lenses and frames. • Knowledge of common needs for protective eyewear—e.g., the needs of beachgoers, scuba divers, swimmers, fishermen, skiers, and climbers; of motorcyclists, woodworkers, metalworkers, and chain sawyers; of athletes in fast or violent sports. • Knowledge of adequate protective-eyewear alternatives for patients who need them.

<p>❖ Explain the need for protective eyewear and the eyewear alternatives so as to help a patient obtain adequate protection.</p>	<ul style="list-style-type: none"> • Knowledge of ANSI standards for ophthalmic goods. • Knowledge of available frame materials, types, and styles, i.e., of the information about sport, safety, or other occupational frames that a patient needs to select a job- or lifestyle-appropriate frame. • Knowledge of OSHA standards for safety eyewear. • Ability to identify safety lenses and frames. • Knowledge of common needs for protective eyewear—e.g., the needs of beachgoers, scuba divers, swimmers, fishermen, skiers, and climbers; of motorcyclists, woodworkers, metalworkers, and chain sawyers; of athletes in fast or violent sports. • Knowledge of adequate protective-eyewear alternatives for patients who need them.
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END OF
SPECTACLES AND PROTECTIVE EYEWEAR
CONTENT AREA

**4. CONTACT LENSES
(19%)**

Definition: Assesses the candidate's ability to provide and fit contact lenses and train patients in their handling, care and use.

JOB TASKS	KNOWLEDGE OR ABILITY
❖ Determine the type of contact lens most appropriate for a patient, e.g., soft vs. RGP, spherical vs. toric, tinted vs. untinted, unifocal vs. multifocal, standard vs. specialized, frequent-wear vs. disposable, cosmetic, therapeutic, or prosthetic.	<ul style="list-style-type: none"> • Knowledge of eye conditions, allergies, and sensitivities to medication that contraindicate contact lens wear. • Knowledge of common medications that affect contact lens wear, e.g., knowledge that birth control pills may adversely affect tear quality. • Ability to recognize, through slit-lamp examination, eye anomalies that affect contact lens wear, e.g., dry-eye syndrome, trichiasis and blepharitis, punctate staining of the cornea, corneal erosions and dystrophies. • Ability to measure patient parameters, e.g., corneal diameter, pupil size, that are relevant to prescribing contact lenses. • Knowledge of the types and characteristics of contact lenses currently available to patients, e.g., knowledge of the water content and chemical qualities of particular lens materials. • Ability to determine the characteristics of the contact lenses most appropriate to prescribe for a particular patient—e.g., for a presbyope, both near and far corrections by means of (a) bifocal lenses or (b) a combination of contact lenses for far vision and reading glasses for near vision. • Ability to determine parameters for contact lenses that will provide a patient with clear, comfortable, and safe vision.
❖ Apply diagnostic trial contact lenses to a patient and evaluate the results.	<ul style="list-style-type: none"> • Knowledge that refractive, keratometric, and test measurements and diagnostic lens fittings can be used to determine lens choices for a patient. • Ability to determine parameters for contact lenses that will provide a patient with clear, comfortable, and safe vision.
❖ Calculate the parameters of the lenses to be prescribed from diagnostic data.	<ul style="list-style-type: none"> • Ability to measure patient parameters, e.g., corneal diameter, pupil size, that are relevant to prescribing contact lenses. • Ability to determine parameters for contact lenses that will provide a patient with clear, comfortable, and safe vision.

<p>❖ Examine a patient with a slit-lamp biomicroscope to check for current ocular-health conditions, e.g., severe eye dryness, meibomitis, corneal damage, corneal dystrophy, that affect contact lens use.</p>	<ul style="list-style-type: none"> • Knowledge of common medications that affect contact lens wear, e.g., knowledge that birth control pills may adversely affect tear quality. • Ability to recognize, through slit-lamp examination, eye anomalies that affect contact lens wear, e.g., dry-eye syndrome, trichiasis and blepharitis, punctate staining of the cornea, corneal erosions and dystrophies. • Ability to assess the quality of a patient's tears and to relate the assessment to the patient's suitability for contact lens wear or for extended wear.
<p>❖ Perform keratometry to measure a patient's corneas, corneal toricity, and the contribution of each cornea to total astigmatism and total refraction.</p>	<ul style="list-style-type: none"> • Ability to take keratometric measurements appropriate to determining a contact lens prescription. • Ability to use keratometric measurements to evaluate corneal astigmatism and the contribution of the cornea to total astigmatism and total refraction.
<p>❖ Educate a patient or the patient's parents or caregivers as needed in the handling, insertion and removal, care, cleaning, disinfection, and use of contact lenses.</p>	<ul style="list-style-type: none"> • Knowledge of contact lens wear schedules appropriate for particular patients, lens types, and lens materials. • Ability to explain what a patient or a patient's caregivers should know about the handling, insertion and removal, care, cleaning, disinfecting, and use of the patient's contact lenses and about the adverse effects of inattention to proper procedures. • Knowledge of lens care products and contact lens solutions appropriate for particular patients and lenses and of how each should be used.

END OF
CONTACT LENSES
CONTENT AREA

5. BINOCULAR THERAPY AND/OR VISION TRAINING (3%)	Definition: Assesses the candidate's ability to evaluate the binocular condition and provide therapy.
JOB TASKS	KNOWLEDGE OR ABILITY
<ul style="list-style-type: none"> ❖ Conduct an examination oriented to a patient's problem, determining, as needed: <ul style="list-style-type: none"> ▪ best-corrected visual acuity for each eye at distance ▪ vertical and lateral imbalances at distance; ▪ near-point acuities ▪ stereoacuity ▪ convergence or divergence insufficiency or excess ▪ tracking abilities, i.e., fixation, pursuit, saccade ▪ accommodative abilities, i.e., amplitude, facility, and accuracy ▪ near-point phorometrics ▪ phoric and tropic posture ▪ suppression ▪ amounts of eye turn, laterality, and constancy ▪ abnormalities of correspondence ▪ eccentricity of fixation 	<ul style="list-style-type: none"> • Knowledge of standard examination procedures needed to find visual anomalies, e.g., to detect and measure binocular dysfunctions, convergence or divergence anomalies, tracking and accommodative defects, phorias or tropias, and abnormalities of correspondence. • Ability to decide correctly from a patient examination what therapy is needed, if any, what degree of success the therapy should have, and whether to perform or refer it.
<ul style="list-style-type: none"> ❖ Administer or prescribe an eye patch for a patient's "good" eye to force the use of a "lazy" eye. 	<ul style="list-style-type: none"> • Knowledge of heterotropia and amblyopia, e.g., of the prognoses for patients with either or both, of the critical period for treating amblyopia, and of standard treatments, such as patching and inverse patching. • Ability to educate, reassure, and motivate a patient and the patient's parents and caregivers regarding a patient's training. • Knowledge of home vision-training procedures and schedules appropriate for patients with particular needs, e.g., for a refractive amblyope with a "lazy" eye, after an appropriate lens correction. • Knowledge of how and when to monitor a vision-training patient's progress on tasks, to judge the need for additional training or a change in training, and to reassess a vision training program.

END OF
 BINOCULAR THERAPY AND/OR VISION TRAINING
 CONTENT AREA

6. TREATING EYE DISORDERS/ REFERRING FOR TREATMENT (19%)	Definition: Assesses the candidate's ability to treat eye disorders or refer diseased patients for treatment.
JOB TASKS	KNOWLEDGE OR ABILITY
❖ Insert collagen punctal plugs to palliate eye dryness and to test whether permanent plugs might provide long-term relief.	<ul style="list-style-type: none"> • Knowledge of collagen punctal plugs as a way to impede tear drainage temporarily and relieve eye dryness. • Ability to apply punctal plugs safely and effectively and to judge from the patient's response whether to refer for permanent plugs.
❖ Administer or prescribe topical, nonsteroidal anti-inflammatories and topical antibiotics for eye diseases of the anterior segment, e.g., bacterial conjunctivitis.	<ul style="list-style-type: none"> • Knowledge of the disease processes that produce common eye disorders, e.g., conjunctivitis, iritis, uveitis, glaucoma, diabetic retinopathy. • Knowledge of the therapeutic drugs that an optometrist may administer and of the conditions for which they may be used under California law. • Knowledge of patient conditions for which a referral is legally necessary.
❖ Administer or prescribe topical antiallergenics, e.g., for allergic conjunctivitis.	<ul style="list-style-type: none"> • Knowledge of patient conditions for which a referral is legally necessary. • Knowledge of recurrent symptoms or signs that call for referral, e.g., recurrent eye hemorrhages, recurrent headaches.
❖ Administer or prescribe topical medications for infectious peripheral corneal ulcers, corneal abrasions, and corneal-surface disease.	<ul style="list-style-type: none"> • Knowledge of the therapeutic drugs that an optometrist may administer and of the conditions for which they may be used under California law. • Knowledge of patient conditions for which a referral is legally necessary.
❖ Administer or prescribe oral tetracycline to treat blepharitis.	<ul style="list-style-type: none"> • Knowledge of the therapeutic drugs that an optometrist may administer and of the conditions for which they may be used under California law. • Knowledge of good eyelid hygiene as prophylaxis and part of therapy for lid diseases.
❖ Remove superficial foreign bodies from a cornea, sclera, eyelid, or conjunctiva.	<ul style="list-style-type: none"> • Knowledge of instruments and procedures for removing a foreign body from an eye (e.g., knowledge of lid everter, lid retractor, golf club spud and other spuds, jeweler's forceps, Alger brush) and of how to use them safely and effectively. • Knowledge of the appropriate management of epithelial defects, e.g., corneal erosion or abrasion. • Knowledge of patient conditions for which a referral is legally necessary.

❖ Epilate eyelashes to treat trichiasis.	<ul style="list-style-type: none"> • Knowledge of instruments and procedures for epilating eyelashes to relieve trichiasis, of how to use a lid everter and epilation tweezers safely and effectively. • Knowledge of the appropriate management of epithelial defects, e.g., corneal erosion or abrasion.
❖ Continue, discontinue, or alter a patient's treatment as follow-up examination dictates.	<ul style="list-style-type: none"> • Knowledge of the therapeutic drugs that an optometrist may administer and of the conditions for which they may be used under California law. • Knowledge of patient conditions for which a referral is legally necessary. • Ability to write appropriate referral letters, including the information about the patient that should accompany the referral.
❖ Follow glaucoma suspects and glaucoma patients and refer them to specialists as needed.	<ul style="list-style-type: none"> • Knowledge of the disease processes that produce common eye disorders, e.g., conjunctivitis, iritis, uveitis, glaucoma, diabetic retinopathy. • Knowledge of the therapeutic drugs that an optometrist may administer and of the conditions for which they may be used under California law. • Knowledge of patient conditions for which a referral is legally necessary. • Ability to write appropriate referral letters, including the information about the patient that should accompany the referral.
❖ Refer disorders of the anterior segment—e.g., central corneal ulcer, deep corneal trauma, iritis, uveitis—and disorders of the posterior segment—e.g., cataracts, vitritis, retinal detachment, diabetic retinopathy, macular degeneration—to appropriate specialists as the patient's needs dictate and as the law requires.	<ul style="list-style-type: none"> • Knowledge of patient conditions for which a referral is legally necessary. • Knowledge of appropriate referrals of particular eye or vision disorders, i.e., of appropriate types of physician or other specialists for particular patients. • Ability to write appropriate referral letters, including the information about the patient that should accompany the referral.
❖ Refer newly discovered systemic diseases, e.g., hypertension, hyperthyroidism, nerve demyelination, to appropriate specialists as the patient's needs dictate and as the law requires.	<ul style="list-style-type: none"> • Knowledge of patient conditions for which a referral is legally necessary.

END OF
TREATING FOR EYE DISORDERS/REFERRING FOR TREATMENT
CONTENT AREA

7. PATIENT EMERGENCIES (4%)		Definition: Assesses the candidate's ability to recognize and respond to patient emergencies.
JOB TASKS	KNOWLEDGE OR ABILITY	
❖ Establish procedures for dealing with emergencies that arise in the office.	<ul style="list-style-type: none"> • Ability to recognize clinical signs of a potential emergency, e.g., in a patient who is diabetic, hypertensive, or glaucomatous. • Knowledge of the management of a patient with a vasovagal reaction, low blood sugar level, or epileptic seizure. • Knowledge of the management of a patient with an adverse reaction, e.g., anaphylactic shock, breathing difficulties, to anesthetic dilating drops. 	
❖ Refer a true emergency to an appropriate specialist for immediate care, e.g., refer a patient who has had: <ul style="list-style-type: none"> ▪ a glaucoma attack to an ophthalmologist ▪ a penetrating eye wound to an eye surgeon or hospital ▪ a cerebrovascular accident to a neurosurgeon or hospital 	<ul style="list-style-type: none"> • Knowledge and ability to recognize or determine that a particular emergency requires an immediate referral, e.g., to perceive the urgent need of a patient with temporal arteritis, central retinal artery occlusion, retinal detachment, angle closure glaucoma, or severe anaphylactic shock. • Knowledge of lawful means of palliating and stabilizing a patient's condition to facilitate an emergency referral. 	

END OF
PATIENT EMERGENCIES
CONTENT AREA

8. CO-MANAGING PATIENTS (4%)		Definition: Assesses the candidate's ability to co-manage patients who need or have received therapies by other specialists
JOB TASKS	KNOWLEDGE OR ABILITY	
<ul style="list-style-type: none"> ❖ Manage a patient with developing or advanced pathology, considering the patient's age, ocular and medical histories, life style, and education; e.g., manage a patient with: <ul style="list-style-type: none"> ▪ developing cataracts ▪ worsening corneal disease or advancing keratoconus ▪ age-related maculopathy ▪ background diabetic retinopathy; until the patient becomes a candidate for remedial therapy by a specialist 	<ul style="list-style-type: none"> • Knowledge of indications for referral associated with developing eye disorders, e.g. diabetic retinopathy, glaucoma, macular degeneration. • Knowledge of indications for referral associated with systemic diseases, e.g., developing conditions such as atherosclerosis, multiple sclerosis, Grave's disease, small, recurrent CVAs. • Knowledge of appropriate intervals for follow-up checks of particular comanagement patients. • Knowledge of appropriate medications for common conditions and of the California laws regulating optometrists' use of therapeutic drugs. 	
<ul style="list-style-type: none"> ❖ Comanage a patient following remedial therapy, e.g., manage the TPA regimen to optimize the results; check whether a prescribed medication is being used, whether the medication should be altered, whether an infection is developing, whether the patient is rejecting a transplant. 	<ul style="list-style-type: none"> • Knowledge of appropriate intervals for follow-up checks of particular comanagement patients. • Knowledge of appropriate medications for common conditions and of the California laws regulating optometrists' use of therapeutic drugs. 	

END OF
 CO-MANAGING PATIENTS
 CONTENT AREA